



General Assembly

February Session, 2018

Amendment

LCO No. 4155



Offered by:

SEN. LOONEY, 11th Dist.
SEN. FASANO, 34th Dist.
SEN. BYE, 5th Dist.
SEN. GERRATANA, 6th Dist.
SEN. KENNEDY, 12th Dist.

SEN. SOMERS, 18th Dist.
REP. RITTER M., 1st Dist.
REP. COOK, 65th Dist.
REP. JOHNSON, 49th Dist.
REP. TERCYAK, 26th Dist.

To: Subst. Senate Bill No. 379

File No. 575

Cal. No. 349

"AN ACT LIMITING CHANGES TO HEALTH INSURERS' PRESCRIPTION DRUG FORMULARIES."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-492f of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective January 1, 2019*):

5 (a) [Each] No individual health insurance policy providing coverage
6 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section
7 38a-469 delivered, issued for delivery, renewed, amended or continued
8 in this state that provides coverage for outpatient prescription drugs
9 shall, [not] during a policy term, (1) deny coverage for an insured for
10 any drug that the insurer removes from its list of covered drugs, [or
11 otherwise ceases to provide coverage for, if (1) the insured was using

12 the drug for the treatment of a chronic illness prior to the removal or
13 cessation of coverage, (2) the insured was covered under the policy for
14 the drug prior to the removal or cessation of coverage, and (3) the
15 insured's attending health care provider states in writing, after the
16 removal or cessation of coverage, that the drug is medically necessary
17 and lists the reasons why the drug is more medically beneficial than
18 the drugs on the list of covered drugs.] or (2) if such policy imposes a
19 coinsurance, copayment, deductible or other out-of-pocket expense
20 that is more than forty dollars for any prescription drug, reclassify a
21 drug by moving the drug to a higher cost-sharing tier. The provisions
22 of this section shall apply if the insured was covered under such policy
23 for a drug and was using the drug prior to the removal or
24 reclassification. The provisions of this section shall not apply if the
25 insured's attending health care provider states, in writing, that a drug
26 is no longer medically necessary or prescribes another therapeutically
27 equivalent drug on the list of covered drugs. Such benefits shall be
28 subject to the same terms and conditions applicable to all other
29 benefits under such policies.

30 (b) Except as provided in subsection (a) of this section, an insurer
31 may reclassify a drug by moving the drug to a higher cost-sharing tier
32 or remove a drug from the insurer's list of covered drugs, provided the
33 insurer shall provide to each insured and participating provider at
34 least sixty days' advance written notice of such reclassification or
35 removal.

36 (c) Nothing in this section shall be construed as prohibiting:

37 (1) An insurer from removing a drug from the insurer's list of
38 covered drugs if (A) the federal Food and Drug Administration
39 determines that the drug is no longer safe and effective, or (B) the
40 federal Food and Drug Administration or the manufacturer of such
41 drug withdraws such drug from the market;

42 (2) An insurer from adding a drug to the insurer's list of covered
43 drugs including, but not limited to, a generic or multisource brand

44 name prescription drug that is therapeutically equivalent to a drug on
45 such list; or

46 (3) A health care provider from prescribing another drug on an
47 insurer's list of covered drugs that the provider deems medically
48 necessary.

49 Sec. 2. Section 38a-518f of the general statutes is repealed and the
50 following is substituted in lieu thereof (*Effective January 1, 2019*):

51 (a) [Each] No group health insurance policy providing coverage of
52 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
53 38a-469 delivered, issued for delivery, renewed, amended or continued
54 in this state that provides coverage for outpatient prescription drugs
55 shall, [not] during the policy term, (1) deny coverage for an insured for
56 any drug that the insurer removes from its list of covered drugs, [or
57 otherwise ceases to provide coverage for, if (1) the insured was using
58 the drug for the treatment of a chronic illness prior to the removal or
59 cessation of coverage, (2) the insured was covered under the policy for
60 the drug prior to the removal or cessation of coverage, and (3) the
61 insured's attending health care provider states in writing, after the
62 removal or cessation of coverage, that the drug is medically necessary
63 and lists the reasons why the drug is more medically beneficial than
64 the drugs on the list of covered drugs.] or (2) if such policy imposes a
65 coinsurance, copayment, deductible or other out-of-pocket expense
66 that is more than forty dollars for any prescription drug, reclassify a
67 drug by moving the drug to a higher cost-sharing tier. The provisions
68 of this section shall apply if the insured was covered under such policy
69 for a drug and was using the drug prior to the removal or
70 reclassification. The provisions of this section shall not apply if the
71 insured's attending health care provider states, in writing, that a drug
72 is no longer medically necessary or prescribes another therapeutically
73 equivalent drug on the list of covered drugs. Such benefits shall be
74 subject to the same terms and conditions applicable to all other
75 benefits under such policies.

76 (b) Except as provided in subsection (a) of this section, an insurer
77 may reclassify a drug by moving the drug to a higher cost-sharing tier
78 or remove a drug from the insurer's list of covered drugs, provided the
79 insurer shall provide to each insured and participating provider at
80 least sixty days' advance written notice of such reclassification or
81 removal.

82 (c) Nothing in this section shall be construed as prohibiting:

83 (1) An insurer from removing a drug from the insurer's list of
84 covered drugs if (A) the federal Food and Drug Administration
85 determines that the drug is no longer safe and effective, or (B) the
86 federal Food and Drug Administration or the manufacturer of such
87 drug withdraws such drug from the market;

88 (2) An insurer from adding a drug to the insurer's list of covered
89 drugs including, but not limited to, a generic or multisource brand
90 name prescription drug that is therapeutically equivalent to a drug on
91 such list; or

92 (3) A health care provider from prescribing another drug on an
93 insurer's list of covered drugs that the provider deems medically
94 necessary."

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2019	38a-492f
Sec. 2	January 1, 2019	38a-518f